)	em of infor-	should state	f OCCUPA-	
Addition to a defend with the state of the s	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
	NT REC	LY. PI	d. Exact	
777777	ERMANE	EXACT	classified	ď
1 010 1	S IS A PI	stated 1	properly	certificat
חדי ויודי	IK-THIS	should be	t may be	back of
מדיי זייי	DING IN	L. AGE	so that i	uctions or
	II UNFA	supplied	in terms,	See instri
	LY, WIT	carefully	TH in pla	TION is very important. See instructions on back of certificate.
	E PLAIN	should be	OF DEA	s very im
	-WRITI	mation	CAUSE	TION is
	N. B			

5	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9:0
County Celust	Registration Dist. No. O X
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
(a) Residence: No.	St., Ward.
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word)	21. DATE OF DEATH 2/ (Month) (Day) (Year)
5a. If merried, widowed, or Porced HUSBAND of (or) WIFE of Lorge W Callerlow	22. Jan 4 LISTS, to 1917, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months Devs II LESS than	I last saw h
83 9 19 1 dey,hrs.	to have occurred on the date slated ebove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	were as follows: Data of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work west done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked et this consection (months and	Duration; several years.
10 Date decesed lest worked et this occupation (month end year)	
12. BIRTHPLACE (city or town) (Stete er country)	Other Contributory Causes of importence:
13. NAME Www, Catterland	
13. NAME Www, Calleston 14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	Whet test confirmed diagnosis? Wes there an europsy?
15. MAIDEN NAME A TONNO 16. BIRTHPLACE (city or town)	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury
17. INFORMANT Calletton (Address) Description	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE Hundship Date Fan 28, 1932	Menner of injury
19. UNDERTAKER Randler Ward (Address) Francische	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Fan 23, 1933 WH Hardes Ly Registrar.	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Revistrar.	2411 N. Charles Street, Baltimore, Requesting 9) S. No.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Other contributory causes of importances		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
As B. W. dryk			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

(Address)

state UPA.	1. PLACE OF DEATH	CERTIFICATE OF DEATH 00303	
should occ	County Calvert Village or City Dares	Registration Dist. No. 5 /	
PHYSICIANS slict statement of	Length of rasidence in city or town where death occurred yrs mos 2. FULL NAME Seph Robert No. (a) Residence: No. Dakes	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?	
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State	
rly. ed. Exa	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH Salurday, Jan 7, 1933 not allerday Jon 7, 1933 Not allerday John Physician (Month) (Day) Physician (Year)	
X A C	HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY. That t attended deceased from , 19	
stated E y properly c certificate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days I day,hrs.	to have occurred on the data stated above, at	
should be st it may be pi n back of ce	8. Trada, professien, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data dacasasd last worked at this permating fungh and this permating fungh and this permating fungh and the same statement of t	neumonia?	
s sh t it on	year) 23 occupation by	Dther Ceutributery Causes of importanca:	
supplied. AGI n terms, so tha ee instructions	(State ar country) 13. NAME 13. NAME 14. Orler 15. BIRTHPLACE (Gity or town) (State ar country) 24. Orler 25. Downler		
sul in to	13. NAME A Sover County 14. BIRTHPLACE (city or town) Calvert County (State or country) Med.	Name of operation Date of What test confirmed diagnosis? Was thera an autopsy?	
d be carefully DEATH in pla y important.	15. MAIDEN NAME Annie Journe 16. BIRTHPLACE (city or town) Colvers Churty (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	
should b OF DE	17. INFORMANT Cloudand Howler (Address) Prince Freherick Med.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
E E	18. BURIAL, CREMATION, DR REMOVAL Place Present Date / 23 , 1933	Manner of Injury	
CAUS	19. UNDERTAKER S. F. J. Statchens	24. Was disease or Injury In any way related to occupation of deceased?	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Address)

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	Example I		Example II	3
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 7 1983	July 5,1927	Peritonitis	3 days ago
	BURELLYS			6
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1. P	LACE OF DEAT	H				
1	County Calver	t		(S	Registration Dist. No. 51	
	Village or City_Pri			(]i yrsmos	No.Calvert County Hospital St., death occurred in a hospital or institution, give its NAME instead of street and num ds. How long in U.S. If of foreign birth? yrs. mos.	Ward mber)
	ULL NAME					
	(a) Residence: ND		(Usual place		St., Ward. If nonresident give city or town and St	tate
	PERSONAL AND	STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	F W	or race	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH January 1, (Month) (Day)	1933 (Year)
HU	arried, widowed, or divord ISBAND of r) WIFE of	ced			22. HEREBY CERTIFY, That I attended de	
6. DATE 7. AGE	E OF BIRTH (month, day, Yeers	and year) J Months TLLBORN	an. 1,193	If LESS than I dey,hrs. ormin.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
O SO O	Trade, profession, or par kind of work done, as SAWYER, BDOKKEEP Industry or business in work wes done, as SI SAW MILL, BANK, et this occupation (mont year)	s SPINNER, ER, etc which LK MILL, c	spei	me (years) ht in this petion	STILLBORN	
	THPLACE (city or town) (State or country)	Mar	yland.		Other Contributory Causes of importance:	
=	NAME Syl BIRTHPLACE (city or tow (State or country)	->	Gibson		Name of operation Date of Whet test confirmed diagnosis? Wes there an aut	
16. I	BIRTHPLACE (city or tow (State or gountry)	n)	land.	wen	23. If death was due to externel ceuses (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE	, 19
18. BURI	(Address) IAL, CREMATION, OR RE Plece Junta	MOVAL ngtown	Dete Jen	. 2 ,1933	Manner of injury	
	ERTAKER (Address) Dw	B3	J. M. K	A Registrar.	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) Prince Frederick	м. С

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

E L

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
19 9 9			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
12 2			
			

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH 1000 should Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth?__ Length of residence in city or town where death occurred RECORD. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (gurite the word) 0 (Month (Year) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY, That I attended doceased from (or) WIFE of I lest sa 6. DATE OF BIRTH (month, day, and year properly 7. AGE Yoars If LESS then Days to have occurred on the date steled above, at 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance Or. niin. were as follows: Date of onset 8. Trade, profession, or particuler OCCUPATION be kind of work done, as SPINNER, of SAWYER, BOOKKEEPER, etc. may back Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupetion (month and spent in this that year) occupation instructions Other Contributory Causes of importance 80 12. BIRTHPLACE (city or town). (Stete or country) FATHER 13. NAME 14. BIRTHPLACE (city of town (Stete or country) What test confirmed diegnosis? MOTHER 15. MAIDEN NAME important 23. If death wes due to external causes (VIOL ENCE) fill in elso the following: OF DEATH 16. BIRTHPLACE (city or town) (State or country Where did injury occur?. (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. should (Address) 18. BURIAL CREMATION, OR REMOVAL Manner of Injury CAUSE mation TION Nature of Injury 19. UNOERTAKER (Address) If so, specify egistrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

BIND

FOR

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MARGIN

S. No.

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State:

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	Example II	3 3 7
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onatt
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week and
July 5, 1927	Peritonitis	3 dans ajoz
	Other contributers cover of invest	2 . Iq
May 1,1923		1 years
		1 1
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR

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RESERVED

MARGIN

S. No. 1

B

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F	Example I		Example II	
The principal cause of de of importance were as follows:	ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	EB 1 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
i	And the state of t			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
-				

T RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state of OCCUPA-Exact statement properly classified. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANE! FOR BINDIN See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be pe CAUSE OF DEATH in plain terms, so that it may TION is very important. ż

1. PLACE OF DEATH	CERTIFICATE OF BEATT
County Calverl	Registration Dist. No. 5 /
Village or City Lestonn (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?mosds.
	yrsmosds.
2. FULL NAME James S. Mulling	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M. Servale	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I altended deceased from
6. DATE OF BIRTH (month, day, and year) Way 7, 1893	
7. AGE Years Months Days' If LESS than	to have occurred on the date stated above, at
29 0 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, br particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	0 -1
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 Date deceased last worked at this occupation (month and	Julmoury juterculesco
Date deceased last worked at this occupation (month and year) spent in this year) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME James S. Willing	
13. NAME James S. Milling 14. BIRTHPLACE (city or town)	Name of operation Dato of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME anne Rebecca Donton	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Anne Cebecca Donton 16. BIRTHPLACE (city or town) Colvert Cs.	Accident, suicide, or homicide? Data of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / Lestonn / 18. BURIAL, CREMATION, OR REMOVAL / /	
Place St. Paula Date 125, 1933	Manner of injury Nature of injury
19. UNDERTAKER Ed. Humpsheys	24. Was disease or injury in any way related to occupation of deceased?
(Address) Come Ph. Mil	If so, specify
20. FILED 23, 1933 A. Viego	(Signed) M. D. (Address) Annex Briefly
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: THE SHAME Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 .3 days ago . Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

ADDITIONAL	SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARYLAN	D-CERTIFICATE OF DEATH
1. PLACE OF PEATH	00397
County Valgas	Registration Dist. No. 22
Village or City Ches. Beach	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where douth occurredyrs	mosds How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Marthe Corn	lf-
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOB OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w	(ord) 3 193-3
5a. If married, widowed, or divorced HUSBANO of	(Month) (Day) (Yaar) 22. I HEREBY CERTLFY, That I attended deceased from
(or) WIFE of	,19 ,to ,19 ,19 ,19 ,19 ,19 ,19 ,19 ,19 ,19 ,19
6. DATE OF BIRTH (month, day, and year) July 13, 191	/ 5
7. AGE Years Months Oays If LESS 1 day.	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	mere as forfows: Date of onset 1 3/2 8/
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and spant in this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) 13. NAME Mannie Kroutt	
14. BIRTHPLACE (city or town) 2006	Name of operation Oate of Oate
1 1 1	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) (Mes - Beeck 18. BURIAL, CREMATION, OR REMOVAL	
11761	933 Nature of injury
19. UNDERTAKER Wilson Sewell (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Lan 4, 1933 W 94 Hardeshy	(Signed) HUWarf
If more blanks are needed, address State Re	77000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis : ? ? ? ? ? ? ? ?	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State K

	Registration Dist. No. 5/
-X/	A A Xul In 120
OF	death occupied in a hospital or institution, give its NAME instead of street and number)
mos	2
Cer	mels.
	Ct Ward
	St., Ward. If nonresidefit give eity or town and State
	MEDICAL CERTIFICATE OF DEATH
ED,	21. DATE OF DEATH
erd)	Jan, 7, 193 2
	(Month) (Oay) (Year)
	22. I HEREBY CERTIFY, That I attended deceased from
	Jan. 10 ,19 20 Jun 14, 19 33
4	l'last saw h M alive on fight 7, 19 2; death is said
than	to have occurred on the date stated above, atm.
hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
in.	were as follows:
	militial Minnet
	o agray - and
.,	
	Other Contributory Causes of importance:
	f Danaha Danaman 2
101	Mache Preumones. 3
10	
	Name of operation Oete of
-A-	What test confirmed diagnosis? Was there an autopsy?
tes	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
	Where did injury occur?
	(Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	openi, whether injury occurred in the corner, in trains, or the observe tance.
	Manner of Injury
9.33	
	Nature of injury
	24. Was disease or Injury in any way related to occupation of deceased?
	If so, specify
	(Signed) M. O.
trar.	(Address) wu Jawy
egistrar	2411 N Charles Street Baltimore Requesting 7) S. No. 1

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Example I		Example II	
The principal cause of death and related caus of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
EURTAU V.	35		
	100		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

20, FILEO

BINDIN

FOR

RESERVED

MARGIN

Registrar.

193 -3

(Year)

Date of onset

	Mcgistrat.	(Address)
If more blanks are needed, addr.	ss State Revistrar 2411	N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Date of onset	The principal cause of death and related causes	
1	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	1 - 4	• >.
Wast 1029	Other contributory causes of importance:	1 440711
May 1,1325	(Justi dentei ius	1 year
		1:
	1915 1921	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: May 1, 1923 Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	AN
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te t	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor state UPA	1. PLACE OF DEATH	
a of infor ould stat OCCUPA	County awent,	Registration Dist. No. 2
item of should of OCC	Village or City Hunten town	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrsmos	
RD. Every YSICIANS statement	2. FULL NAME William /	Comas.
D. J SIC tate	(a) Residence: No. Aunting to	ensh Ward.
	(Usual place of abody)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECO. PH	3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
L Y.	Maly Col- OR DIVORCED (write the word)	Jan 7, 193 3
T. I.	5a. If married, widowed, or divorced HUSBANO of	(Month) (Oay) (Year)
NDING RMANEN X A C T I	(or) WIFE of Mary Lamas.	22. HEREBY CERTIFY. That I attended deceased from
	6. OATE OF BIRTH (month, day, and year) June 19, 1867	I last saw h 14 alive on Jan 27, 19 3 3 death is said
A Ph ted 1 pperly ificat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
FOR B. IS A PE stated E properly certificate	6 3 7 10 1 day,hrs.	The PRINCIPAL CAUSE OF OEATH and related causes of Importance were as follows:
. 10	8. Trade, profession, or perticular kind ol work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	apopleyes Sec.
RESERVED G INK—THIS GE should be that it may be ons on back of	9, industry or business in which	Morphy Met.
NK-T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	-
INI INI E sh at it	10. Date deceased last worked at this occupation (month and year)	
7 4 - 0	m d	Other Coutributory Causes of Importance:
A. So ructi	12. BIRTHPLACE (city or town) (State or country)	Titeria solena in 3 un
MARG] UNFA supplied n terms, ee instru	II 13. NAME Unkenown	
D m t	4 14. BIRTHPLACE (city or town)	Name of operation Date of
F 12 12	1 (State of Country)	What tast confirmed diegnosis? Was there an eulopsy?
W W we in in ant	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
Ca Ca TTH	S 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of Injury, 19, Where did injury occur?
AINLY, d be car DEATH y import	17. INFORMANT Jamie Marris	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF DIS very	(Address) Suntrytown, M/	
L sh E O	18. BURIAL, CREMOTION, OR REMOVAL PIECE ALLER OSTE OSTE / 3/ 1933	Manner of injury
WRITE mation s CAUSE TION is		Nature of injury.
TI CA	19. UNDERTAKER W. J. Sewell (Address)	24. Was disease or injury in any way related to occupation of deceased?
B. B.	1/2: 000	(Signed) In more Man
> X	20. FILED 7 3 0 , 19 Registrar.	(Address) ring Trederik
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

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	Example I		Example II	1
The principal cause of importance were as		Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arterioselerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronie interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 7 1939	July 5,1927	Peritonitis	3 days ago
	BUREAU V.			
Other contributory ca			Other contributory causes of importance:	
Gallstones	}	May 1,1923	Gastroenteritis	1 year